

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment (Investigation)	Effective Date: July 1, 2007
	Section 22: Making an Assessment (Investigation) Finding	Version: 1

POLICY	OLD POLICIES: 205.47; 205.51
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- **[POLICY CHANGE]** The Indiana Department of Child Services (DCS) will make all findings on an assessment (investigation) no later than **75 days** from the date the child abuse/neglect (CA/N) intake report was received.
- DCS will make a finding of “**substantiated**” when facts obtained during the assessment (investigation) provide a **preponderance** of evidence that is sufficient to lead a reasonable person to believe that CA/N has occurred and/or when the alleged perpetrator admits to having abused/neglected the alleged child victim.
- DCS will make a finding of “**unsubstantiated**” when facts obtained during an assessment (investigation) provide credible evidence that CA/N has **not** occurred.
- DCS will make a finding of “**indicated**” when facts obtained during an assessment (investigation) cannot be found to be substantiated or unsubstantiated. **AND**
 - There are significant indications that the child may be at risk for CA/N. **OR**
 - There is evidence of past CA/N.

Code References

- [IC 31-33-8-12 Classification of reports](#)
- [IC 31-9-2-123 “Substantiated”](#)
- [IC 31-9-2-132 “Unsubstantiated”](#)
- [IC 31-9-2-58.5 “Indicated”](#)

PROCEDURE

For **each allegation** the FCM will:

1. Carefully review and weigh all evidence collected during the assessment (investigation).
2. Consider the credibility of each piece of evidence collected and place greater weight on those pieces of evidence that have greater credibility.
3. Consult with his/her Supervisor as needed to arrive at an assessment (investigation) finding.
4. Document the finding and rationale in the assessment (investigation) records.
5. Follow all procedures to complete the Assessment (Investigation) Report. See separate policy, [Completing the Assessment \(Investigation\) Report](#).

If an allegation is determined to be “**unsubstantiated**,” the FCM will also:

1. Include in the finding a description of the credible evidence that supports the conclusion that the allegation is **untrue**. Also include a statement that there is a “lack of a preponderance of evidence to support that the allegation is true.”
2. Recommend that the assessment (investigation) be closed.

If an allegation is determined to be “**substantiated**,” the FCM will also:

1. Include in the finding a description of the credible evidence that supports the conclusion that the allegation is **true** and that outweighs any contrary evidence.
2. Complete a Risk Assessment and a Strengths and Needs Assessment to assist in determining the level of services intervention appropriate for the family. See separate policies, [Risk Assessment](#) and [Strengths and Needs Assessment](#).

If an allegation is determined to be “**Indicated**,” the FCM will also:

1. Include in the finding the rationale used to support the decision of “Indicated.”
2. Complete a Risk Assessment and a Strengths and Needs Assessment to assist in determining the level of community services appropriate for the family. See separate policies: [Risk Assessment](#) and [Strengths and Needs Assessment](#).
3. Make every effort to encourage the family to cooperate with the development and implementation of a Family Support/Community Services Plan. See separate policy: [Family Support/Community Services Plan](#).
4. Encourage the family to participate in the identified community services and make referrals as necessary.

The Supervisor will:

1. Provide input as needed to assist the FCM in arriving at a finding for each allegation.
2. If he/she deems it appropriate, convene the staffing team to discuss the evidence and collaborate to arrive at a finding for each allegation.
3. Follow all procedures contained in the separate policy, [Completing the Assessment \(Investigation\) Report](#).

RELATED INFORMATION

Substantiating on an Unknown/Undetermined Perpetrator

When there is sufficient evidence that CA/N occurred, but insufficient evidence to identify the alleged perpetrator (Example: A toddler has injuries and mom and dad each blame the other), the choice of “Unknown” is available but ICWIS can only build a history which includes this incident if there is an indication or substantiation on the involved parties. The choice between indication or substantiation would depend on the seriousness of the injury, the level of risk of future CA/N, and the service needs of the child and the parents. Document this decision clearly.

Credibility of Evidence

There are two types of evidence: (1) Direct evidence, such as a statement taken from an eyewitness; and (2) Indirect or circumstantial evidence, such as the following circumstances: A baby is suffering from shaken baby syndrome. The baby has not been out of the care and custody of her mother. Together, these two pieces of information would seem to support a conclusion that the mother is the perpetrator.

Many factors affect the credibility of evidence. When making assessment (investigation) findings, the credibility of each piece of evidence must be evaluated by considering factors such as, but not limited to, the following:

- **Corroborating evidence** supports someone’s prior statements or other evidence. Corroborating evidence makes the prior statement or other evidence it supports more credible than evidence that has not been verified or supported by independent sources.

- **Source of information:** The more direct the source of information the more credible the opinion. For example, a physician rendering an opinion based on a review of medical records is more credible than one rendering an opinion based on an FCM's description of an injury.
- **Direct interest:** Information from a source who has something to lose or gain from a particular assessment (investigation) outcome is less credible than information from one who has no direct interest.
- **Professional sources** may be more or less credible depending upon the amount of training and experience they have. The professional source's area of specialization may also have an impact on how credible his/her opinions are.
- **Non-professional, adult sources** may be more or less credible depending upon how consistent and/or plausible the statements are. For example, a statement that a hand-shaped bruise on a child's face was caused by a fall is implausible.
- **Children:** When evaluating the credibility of a child's statement, the FCM must take into consideration several factors, such as the influence (e.g. - pressure or coercion) of adults. A parent/guardian/custodian or other adult may "coach" the child on what to say and what not to say during an interview. Typically, a detailed description of a complex chain of events is beyond the capabilities of a three-year old. However, young children are able to give plausible and specific descriptions of traumatic situations that would normally be beyond their experience (e.g. - sexual acts) and such statements should be taken seriously.

The Presumption of CA/N

Some allegations, by their very definition, presume child abuse or neglect. For example, a child who has suffered a subdural hematoma, internal injuries, bone fractures, or burns as the result of parental action or inaction is presumed to have been abused and/or neglected. Other allegations do not, by their very definition, presume child abuse or neglect. For example, bruises or welts as the result of parental action or inaction may or may not be serious enough to constitute child abuse or neglect.

Whether the incident constitutes abuse or neglect depends upon the extent of the injury, the location of the injury, the age of the child, and other pertinent factors. These factors may include, but are not limited to, the child's age; maturity; ability to make sound judgments; and ability to care for or protect him/herself. Weighing these factors helps distinguish true allegations of CA/N from poor parenting. Although parental responsibility for the provision of protection, supervision, food, shelter, clothing, education and a sanitary environment continues until the child attains age 18 or is a legally emancipated minor, the need for the parent/guardian/custodian to provide these things decreases as the child's own ability to protect himself/herself or to obtain/provide these necessities increases.

<h3>FORMS AND TOOLS</h3>

- Assessment (Investigation) Report (311) – Available in ICWIS